

ROUTING AND TRANSMITTAL SLIP		Date
TO: (Name, office symbol, room number, building, Agency/Post)		27 JUL
1.	MEL	Initials
2.		Date
3.		
4.		
5.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Please see me about
this.

DO NOT use this form as a **RECORD** of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
	Phone No.

5041-102
 ☆ U.S. G.P.O. 1977-241-530/3090

OPTIONAL FORM 41 (Rev. 7-76)
 Prescribed by GSA
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